Great Eastern General Insurance Limited (Reg. No. 1920 00003W) (A wholly-owned subsidiary of Great Eastern Holdings Limited)
1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659
Tel +65 6248 2888 Fax +65 6327 3080 greateasterngeneral.com



BizProtect Plus Service

SECTION A – COVERAGE	Standard Plan Sum Insured/Limit	Deluxe Plan Sum Insured/Limit
1. Fire and Extraneous Perils on Contents and Stock-in-Trade	S\$50,000	-
2. Theft and Hold up (1st Loss Basis by forcible/violent entry)	S\$10,000	-
All Risks on Contents and Stock-in-Trade (Excess \$200 for each and every loss)	-	S\$50,000
4. Business Interruption/Additional costs of Working	S\$100 per day up to 100 days	S\$250 per day up to 100 days
5. Public Liability at Insured's premises	S\$500,000	\$\$500,000
6. (a) Money In Premises (b) Money in Transit	S\$3,000 S\$3,000	S\$5,000 S\$5,000
7. Personal Accident ¹ (Class 1) On the life of 1 named Director/Partner/Proprietor/Employee for Death/Permanent Disability (Age not exceeding 70 years)	S\$10,000	S\$30,000
Basic Premium (before GST):	S\$156	S \$216

[a] BASIC PREMIUM	Standard Plan	Deluxe Plan
FOR SECTION A (Please tick one)	□ S\$156	□ S\$216

SECTION B – OPTIONAL COVERAGE	Max. Top-up Limit	Top-up Coverage	Top-up Premium
Fire and Extraneous Perils on Contents and Stock-in-Trade	S\$1,000,000	S\$x 0.06%	
2. Theft and Hold up (1st Loss Basis by forcible/violent entry)	S\$200,000	S\$x 0.13%	
All Risks on Contents and Stock-in-Trade (Excess \$200 for each and every loss)	\$\$500,000	S\$x 0.18%	
Business Interruption/Additional costs of working	\$100 per day up to 100 days	S\$15	
5. Public Liability at Insured's premises	S\$2,000,000	unit x S\$20 (1unit = S\$250,000)	
6. (a) Money In Premises (b) Money In Transit	S\$10,000 S\$10,000	S\$x 0.75% S\$x 0.75%	
7. Personal Accident ¹ (Class 1) Personal Accident ¹ (Class 2)	Max \$100,000 per life Sum insured per person:	For Class 1:x 0.05%	
Death/Permanent Disability (Age not exceeding 70 years)	(max \$100,000 per life)	For Class 2:x 0.08%	
8. Plate Glass (Excess \$100 for each and every loss)	S\$10,000	S\$x 0.80%	
9. Fire and Extraneous Perils on Building ²	S\$2,000,000	S\$x 0.05%	
10. Fidelity Guarantee (Excess \$250 for each and every loss)	S\$10,000 for any one employee and in aggregate (Max no. of employees: 10)	Number of employees:x \$\$30 per employee	
11. Deterioration of Stocks (Time Excess: 12 hours)	S\$5,000	S\$x 0.20%	
		[b] TOTAL PREMIUM FOR	

b] TOTAL PREMIUM FOR SECTION B

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BizProtect Plus Service

[†] [c] Declaration of Work Injury Compensation (WIC) (Separate WIC policy will be issued)				
Headcount	Occupation Category	Est. Annual Earnings**	Rate	WIC Premium
	Management / Admin / Accountant		0.10%	
	Outdoor Sales / Supervisor		0.25%	
	Service Staff		0.50%	
	Driver / Delivery		0.75%	
overtime pa travelling a	Earnings must consist of the normal wages, food ayments, bonuses and annual wages supplement llowances and employers' CPF contributions oplicable for Annual policy		[c] Total Premium	S\$(Min Premium \$30)

Personal Accident:	Class 1: Office Workers
	Class 2: Supervisor/Sales/ Non-Manual Workers
2 Ruilding must be of	hrick/tiles/concrete construction Premiums

calculated are based on per location basis unless units are adjoining

Business/Risks covered

Business which provides personal care & grooming and other services, e.g. Clinic, Hair and Beauty salon, Kindergarten, Spa

Excluded Business/Risks

- Business occupied as Office cum Store (other than samples)
- Business occupied as Office cum Factory Premises not of brick/tile/concrete construction

A) PREMIUM [a] + [b]	
B) DISCOUNT, WHERE APPLICABLE (*Maximum of 10% discount applies)	5% off for 2-year policy10% off for 3-year policy or ≥ 2 policies purchased
Note: Multi-year and/or Multi-policy discount SECTION B only	is applicable for SECTION A and
C) TOTAL PREMIUM (A – B) + [c]	
D) PREVAILING GST	
E) TOTAL PREMIUM PAYABLE (Inclusive of GST)	

BizProtect Plus Service Proposal Form

Important Notice

Remarks:

This plan is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS FORM FULLY AND FAITHFULLY ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW. OTHERWISE, YOU MAY RECEIVE NOTHING FROM THIS POLICY.

Note: Please comple	te in BLOCK LETTER:	3 and tick where appropriat	e. All fields are	mandatory unless de	clared otherwise.		
PARTICULAR	RS OF PROPOSE	R					
Name of Insure	d (Company Name)	:					
Postal Address:						Postal Code ()
Insured Locatio	n (if different from a	ddress given above):				Postal Code ()
Type of Busines	ss/Trade			Business Regist	tration No.		
Contact No. (Office)	(H/	P)	(Fax)		Email		
Period of Insura	nce: From	m m y y y y	for	_years	'		
OTHER INFO	RMATION						
☐ Fire Alarm S ☐ Sprinkler Sy	ystem Grilled V	ent in the insured buildin Vindows/Doors Please give details):	☐ Fire	e Extinguisher	ro2	Burglary Alarm System	
□ No	any insurance ciaim	s arising from your busin \square Yes (Please provid			ITS ?		
Date of Loss		Amount of		,	Description of I	_OSS	
Is the premises	solely occupied by y	ou? Sublet/Share with	others: Pleas	se advise type of o	ther trade		
Are all the prop	erty insured kept wit	hin the insured premise	s after busine	ss hours?			
☐ Yes		☐ No (Please give de	,				
	,	proprietor/partner(s)/dire	` '		,	0 "	
Full Name	(as in NRIC)	NRIC/Passpor	t No.	Date of Bi	rth _(dd/mm/yy)	Occupation	
Fidelity Guarar	ntee (Details of the	nsured person(s) under	this Section)				
Full Name	(as in NRIC)	NRIC/Passpor	t No.	Date of Bi	rth (dd/mm/yy)	Occupation	
PROPOSER'S	S DECLARATION	1					
 We are located in a building of bricks, tiles and concrete construction. All the persons proposed for Personal Accident cover are below 70 years old, in good health and free from any form of mobility problems, physical disabilities defect or infirmity. No insurance company has declined or imposed any special terms on any of our previous insurances. Our policy will be auto-renewed unless notice of termination is received by the Bank. I/We agree that we shall under no circumstances hold OCBC Bank responsible or liable for any loss or damage whatsoever I/we may suffer arising directly or indirectly in connection with or as a result of (i) the sale, marketing, introduction or referral of the BizProtect Plus Plan or the general insurance policies by OCBC Bank to me/us, including any advice, quotes recommendations that may be provided by OCBC Bank to me/us in relation to the BizProtect Plus Plan or the general insurance policies, and (ii) this application form, including the information and answers given by me/us in this application, and the delivery of this application form or premiums, where applicable, by OCBC Bank to Great Eastern General Insurance Limited. For the avoidance of doubt, I/we acknowledge that the terms of this paragraph are for the benefit of OCBC Bank, and accordingly, OCBC Bank shall, in its absolute discretion, be entitled to enforce these term at any time. Except for OCBC Bank, this application form shall not confer any rights to any third part under the Contracts (Rights of Third Parties) Act (Cap 538) to enforce any term of this application form. 							
Policy Application, Service and Administration By providing the information set out above, I/we agree and consent to GEG, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate my/our proposal and to provide the products or services which I am/we are applying for (including, without limitation, any policy renewals and policy upgrades, substitutions or replacements).							
These purposes are set out in Great Eastern's Privacy Statement, which is accessible at https://www.greateasternlife.com/sg/en/privacy-and-security-policy.html and which I/we confirm I/we have read and understood.							
I/We declare the particulars and statements given by us are true, correct and complete, and I/we agree that this proposal shall be the basis of the Contract of Insurance between me/us and Great Eastern General insurance Limited. I/We agree to accept the policy issued hereunder subject to the terms and conditions expressed therein and warrant that I/we have not withheld any material information relevant to this proposal.							
and Great Eastern I/We agree to accep	General insurance Limite	ed.	•				
and Great Eastern I/We agree to accep	General insurance Limite	ed.	•				
and Great Eastern I/We agree to accep proposal.	General insurance Limite	ed.	nditions expresse		nat I/we have not withheld a		
and Great Eastern I/We agree to accep proposal. Signature of Propos PREMIUM PA	General insurance Limite t the policy issued hereun ser & Company Stamp	ed. der subject to the terms and cou	nditions expresse	d therein and warrant th	nat I/we have not withheld a	ny material information relevant to thi	
and Great Eastern I/We agree to accep proposal. Signature of Propos PREMIUM PA	General insurance Limite t the policy issued hereun ser & Company Stamp	ed. der subject to the terms and cou	nditions expresse	d therein and warrant th	nat I/we have not withheld a	ny material information relevant to thi	
and Great Eastern I/We agree to accep proposal. Signature of Propos PREMIUM PA	General insurance Limite t the policy issued hereun ser & Company Stamp YMENT able to "GEG Insurar	ed. der subject to the terms and cou	nditions expresse	ed therein and warrant th	nat I/we have not withheld a	ny material information relevant to thi	

Checked by:

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Name of approving officer



Interbank GIRO Application Form

Part 1 - For Applicant's Cor	npletion			
Date	(dd/mm/yy)	Name of billing organisation		
Name of bank		Great Eastern General Insurance Limited		
Bank account holder's nam	ne	Policyholder's name		
Bank account number		Policy number		
¹NRIC/FIN No.				
Contact No.				
Company stamp/Signature	(s)/²Thumbprint(s)			
As in bank's records		1 Required if account holder is not the policyholder. 2 For thumbprints, please go to any branch of your bank with identification document for verification.		
 b. You are entitled to reject the You may also at your discretic c. This authorisation will remain revocation through the insura 	on allow the debit even if this results in an over in force until terminated by your written notice	ar account does not have sufficient funds and charge me/us a fee for this. draft on the account and impose charges accordingly. sent to my/our last address known to you or upon receipt of my/our written		
		GIRO Application		
SWIFT BIC	Great Eastern General Insurance Limited Bank Account No.	The processing of the application may take between 3 to 5 weeks. Outstanding premium payments are to be paid by cash, cheque or credit		
OCBCSGSGXXX	529025447002	card. You will be notified in writing upon the approval of your application.		
Debiting SWIFT BIC	Debiting Account Number	Receipts Receipts will not be issued for payments made via GIRO. Please check your passbook/statement for confirmation of payment.		
		Cancellation To discontinue the GIRO service, please inform Great Eastern General		
Part 3 - For Bank's Comple	tion	Insurance Limited on the termination in writing.		
To: Great Eastern General In	surance Limited			
This application is hereby reject	ted (please tick) for the following reason(s):			
Signature/thumbnrint# diffe				
Olgridiano/mambpilini alini	ers from Financial Institution's records.			
Signature/thumbprint# inco				
Signature/thumbprint# inco	omplete/unclear#			
Signature/thumbprint# inco Account operated by Sign Wrong account number	omplete/unclear# nature/thumbprint#			
Signature/thumbprint# inco Account operated by Sigr Wrong account number Amendments not counters	omplete/unclear# nature/thumbprint#			
Signature/thumbprint# inco Account operated by Sign Wrong account number	omplete/unclear# nature/thumbprint# signed by customer			

Authorised signature

Date

